

PATENT

## DORSEY &amp; WHITNEY LLP

US BANK CENTRE  
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SEATTLE WA 98101  
FACSIMILE COVER SHEET  
(206) 903-8820

September 3, 2002

TO: Examiner Joseph J. Hail, III  
Commissioner for Patents  
Washington, D.C. 20231

FAX # (703) 746-3267  
TELEPHONE: (703) 308-2687

FROM: Mark W. Roberts, Esq.

|   |                                      |
|---|--------------------------------------|
| Applicant : Jason B. Elledge  | Attorney Docket No.: 500188.02       |
| Serial No. : 09/616,794   | Group Art Unit : 3723                |
| Filed : July 14, 2000   | Examiner : Willie Wendell Berry, Jr. |
| Title : APPARATUS FOR IN-SITU OPTICAL ENDPOINTING ON WEB-FORMAT<br>PLANARIZING MACHINES IN MECHANICAL OR CHEMICAL-MECHANICAL<br>PLANARIZATION OF MICROELECTRONIC-DEVICE SUBSTRATE ASSEMBLIES<br>AND METHODS FOR MAKING AND USING SAME |                                      |

Date Sent : February 11, 2002

Date Due : March 31, 2002

I hereby certify that the attached is a true copy of an Amendment mailed to the USPTO on February 11, 2002, addressed to Commissioner for Patents, Washington, DC, 20231, in response to an Office Action received from the USPTO dated December 31, 2001. Submitted herewith is a copy of the Amendment and a copy of the return receipt postcard date stamped by the USPTO acknowledging receipt of the Amendment on February 26, 2002. As the Amendment was filed in a timely manner, Applicant hereby requests the USPTO withdraw the Notice of Abandonment dated August 15, 2002.

9-3-02

Date



Mark W. Roberts, Ph.D.  
Registration No. 46,160

## Documents Attached for Filing:

|   | <u>No. Pages</u> |
|---|------------------|
| Copy of Originally Submitted Postcard and Copy of<br>Return Receipt Postcard Date Stamped<br>February 26, 2002 by the USPTO | 1                |
| Copy of Originally Submitted Check  | 1                |
| Two Copies of Originally Submitted<br>Fee Transmittal Sheet   | 2                |
| Copy of Originally Submitted Amendment  | 16               |
| Total Number of Pages (including cover sheet):  | 21               |

Original will not be resent via mail.

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500188.02  
MWR:sj

Commissioner for Patents  
Washington, DC 20231

SENT: February 11, 2002  
DUE: March 31, 2002

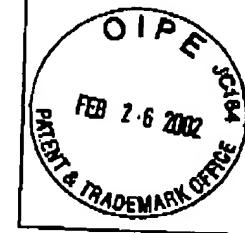
Kindly acknowledge receipt of the below-listed documents by placing  
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Check; Fee Transmittal Sheet (+ copy); Amendment; in re: Jason B. Elledge,  
USAN 09/616,794, filed July 14, 2000, for APPARATUS FOR IN-SITU OPTICAL  
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MECHANICAL OR CHEMICAL-MECHANICAL PLANARIZATION OF  
MICROELECTRONIC-DEVICE SUBSTRATE ASSEMBLIES AND METHODS FOR  
MAKING AND USING SAME.

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DORSEY & WHITNEY LLP

Date Stamp



Commissioner for Patents  
Washington, DC 20231

SENT: February 11, 2002  
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500188.02

USAN: 09/616,794

01-1998

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 SEATTLE, WA 98101-4010  
 (206) 903-8800

February 11, 2002PAY TO THE  
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17-2910

**NON NEGOTIABLE**DORSEY & WHITNEY LLP.  
SEATTLE, WA 98101-4010

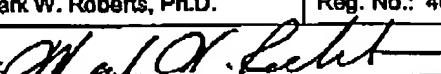
## DETACH AND RETAIN THIS STATEMENT

| DATE    | DESCRIPTION   | AMOUNT   |
|---------|---|----------|
| 2/11/02 | Docket No.: 500188.02<br>USAN : 09/616,794<br>Applicant : Jason B. Elledge<br>title : APPARATUS FOR IN-SITU OPTICAL ENDPOINTING ON WEB-FORMAT PLANARIZING MACHINES IN MECHANICAL OR CHEMICAL-MECHANICAL PLANARIZATION OF MICRO-ELECTRONIC-DEVICE SUBSTRATE ASSEMBLIES AND METHODS FOR MAKING AND USING SAME |          |
|         | <u>Fee for Extra Claims in Response to Office Action</u>  |          |
|         | Total Claims(36/16 extra)   | \$ 288   |
|         | Ind. Claims (4/1 extra)   | 84       |
|         | TOTAL   | \$372.00 |
|         | MWR:sj<br>446602-909  |          |

## FEE TRANSMITTAL SHEET (FOR FY 2001)

|   |              | Complete if Known  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|---|--------------|--|-------------------|----------------------------|----------|----------|-----------------|-----|------|---|------------------|------|--|-----|-----|---|---------------------------|-----|--|------|------|--------------------------|---|--|--|----------------------------|--------------|--------------|--|----------|----------|-----------------|----------|-----|---|--|-----|---|-----|---|---|-----|-----|---|----|-----|--|---|----|-----|-----|---|----|-----|-----|---|----|-----|-----|---|----|-----|-----|---|----|-----|-------|---|----|-----|-------|---|----|-----|-----|---|----|-----|-----|---|----|-----|-----|--|----|-----|-----|---|----|-----|-------|---|----|-----|-------|---|----|-----|-----|--|----|-----|-----|--|----|-----|----|--|----|-----|-----|--|----|-----|----|--|----|-----|-----|--|----|----------------------------|--|--|--|--------------------------|--|--|--|--|--|--|--|
|   |              | Application No.  | 09/616,794        |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              | Filing Date  | July 14, 2000     |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              | First Named Inventor   | Jason B. Elledge  |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              | Group Art Unit   | 3723              |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              | Examiner   | Willie Berry, Jr. |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              | Atty. Docket Number  | 500188.02         |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| METHOD OF PAYMENT (Check One)   |              | FEE CALCULATION (Continued)  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No.: 50-1266; Deposit Account Name: DORSEY & WHITNEY LLP<br>2. <input checked="" type="checkbox"/> Check Enclosed   |              | 3. ADDITIONAL FEES   |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              | FEE CALCULATION  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>740</td> <td>201</td> <td>370 <input type="checkbox"/> Utility Filing Fee</td> </tr> <tr> <td>330</td> <td>206</td> <td>165 <input type="checkbox"/> Design Filing Fee</td> </tr> <tr> <td>740</td> <td>208</td> <td>370 <input type="checkbox"/> Reissue Filing Fee</td> </tr> <tr> <td>160</td> <td>214</td> <td>80 <input type="checkbox"/> Provisional Filing Fee</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;"><b>Subtotal (1)</b> \$ 0</td> </tr> </tbody> </table>  |              | Large Entity   | Small Entity      |                            | Fee Code | Fee Code | Fee Description | 740 | 201  | 370 <input type="checkbox"/> Utility Filing Fee | 330              | 206  | 165 <input type="checkbox"/> Design Filing Fee | 740 | 208 | 370 <input type="checkbox"/> Reissue Filing Fee | 160                       | 214 | 80 <input type="checkbox"/> Provisional Filing Fee |      |      | <b>Subtotal (1)</b> \$ 0 | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205 <input type="checkbox"/> Surcharge - Late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>127</td> <td>50</td> <td>227 <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>139</td> <td>130</td> <td>139 <input type="checkbox"/> Non-English specification</td> <td>\$</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147 <input type="checkbox"/> For Filing a Request for Reexamination</td> <td>\$</td> </tr> <tr> <td>169</td> <td>300</td> <td>198 <input type="checkbox"/> Publication (early or Republication)</td> <td>\$</td> </tr> <tr> <td>115</td> <td>110</td> <td>215 <input type="checkbox"/> Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>116</td> <td>400</td> <td>216 <input type="checkbox"/> Extension for reply within 2<sup>nd</sup> month</td> <td>\$</td> </tr> <tr> <td>117</td> <td>920</td> <td>217 <input type="checkbox"/> Extension for reply within 3<sup>rd</sup> month</td> <td>\$</td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218 <input type="checkbox"/> Extension for reply within 4<sup>th</sup> month</td> <td>\$</td> </tr> <tr> <td>128</td> <td>1,960</td> <td>230 <input type="checkbox"/> Extension for reply within 5<sup>th</sup> month</td> <td>\$</td> </tr> <tr> <td>120</td> <td>320</td> <td>220 <input type="checkbox"/> Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>121</td> <td>280</td> <td>270 <input type="checkbox"/> Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>146</td> <td>110</td> <td>248 <input type="checkbox"/> Terminal Disclaimer Fee</td> <td>\$</td> </tr> <tr> <td>140</td> <td>110</td> <td>240 <input type="checkbox"/> Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241 <input type="checkbox"/> Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242 <input type="checkbox"/> Utility/Reissue issue fee (+ advance copies)</td> <td>\$</td> </tr> <tr> <td>143</td> <td>460</td> <td>243 <input type="checkbox"/> Design issue fee (+ advance copies)</td> <td>\$</td> </tr> <tr> <td>122</td> <td>130</td> <td>122 <input type="checkbox"/> Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>123</td> <td>50</td> <td>123 <input type="checkbox"/> Petitions related to provisional applications</td> <td>\$</td> </tr> <tr> <td>126</td> <td>180</td> <td>128 <input type="checkbox"/> Submission of IDS</td> <td>\$</td> </tr> <tr> <td>581</td> <td>40</td> <td>61 <input type="checkbox"/> Recording each patent assignment per property (times number of properties)</td> <td>\$</td> </tr> <tr> <td>179</td> <td>740</td> <td>279 <input type="checkbox"/> Request for Continued Examination (RCE)</td> <td>\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Other fee (specify)</b></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Subtotal (3)</b> \$ 0</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Total Amount of Payment:</b> \$ 372</td> </tr> </tbody> </table> |  |  |                            | Large Entity | Small Entity |  | Fee Code | Fee Code | Fee Description | Fee paid | 105 | 130   | 205 <input type="checkbox"/> Surcharge - Late filing fee or oath | \$  | 127   | 50  | 227 <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$  | 139 | 130 | 139 <input type="checkbox"/> Non-English specification                      | \$ | 147 | 2,520  | 147 <input type="checkbox"/> For Filing a Request for Reexamination | \$ | 169 | 300 | 198 <input type="checkbox"/> Publication (early or Republication) | \$ | 115 | 110 | 215 <input type="checkbox"/> Extension for reply within first month | \$ | 116 | 400 | 216 <input type="checkbox"/> Extension for reply within 2 <sup>nd</sup> month | \$ | 117 | 920 | 217 <input type="checkbox"/> Extension for reply within 3 <sup>rd</sup> month | \$ | 118 | 1,440 | 218 <input type="checkbox"/> Extension for reply within 4 <sup>th</sup> month | \$ | 128 | 1,960 | 230 <input type="checkbox"/> Extension for reply within 5 <sup>th</sup> month | \$ | 120 | 320 | 220 <input type="checkbox"/> Filing a brief in support of an appeal | \$ | 121 | 280 | 270 <input type="checkbox"/> Request for oral hearing | \$ | 146 | 110 | 248 <input type="checkbox"/> Terminal Disclaimer Fee | \$ | 140 | 110 | 240 <input type="checkbox"/> Petition to revive - unavoidable | \$ | 141 | 1,280 | 241 <input type="checkbox"/> Petition to revive - unintentional | \$ | 142 | 1,280 | 242 <input type="checkbox"/> Utility/Reissue issue fee (+ advance copies) | \$ | 143 | 460 | 243 <input type="checkbox"/> Design issue fee (+ advance copies) | \$ | 122 | 130 | 122 <input type="checkbox"/> Petitions to the Commissioner | \$ | 123 | 50 | 123 <input type="checkbox"/> Petitions related to provisional applications | \$ | 126 | 180 | 128 <input type="checkbox"/> Submission of IDS | \$ | 581 | 40 | 61 <input type="checkbox"/> Recording each patent assignment per property (times number of properties) | \$ | 179 | 740 | 279 <input type="checkbox"/> Request for Continued Examination (RCE) | \$ | <b>Other fee (specify)</b> |  |  |  | <b>Subtotal (3)</b> \$ 0 |  |  |  | <b>Total Amount of Payment:</b> \$ 372 |  |  |  |
| Large Entity  | Small Entity |  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Fee Code  | Fee Code     | Fee Description  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 740   | 201          | 370 <input type="checkbox"/> Utility Filing Fee  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 330   | 206          | 165 <input type="checkbox"/> Design Filing Fee   |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 740   | 208          | 370 <input type="checkbox"/> Reissue Filing Fee  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 160   | 214          | 80 <input type="checkbox"/> Provisional Filing Fee   |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              | <b>Subtotal (1)</b> \$ 0   |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Large Entity  | Small Entity |  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Fee Code  | Fee Code     | Fee Description  | Fee paid          |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 105   | 130          | 205 <input type="checkbox"/> Surcharge - Late filing fee or oath                                       | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 127   | 50           | 227 <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet                    | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 139   | 130          | 139 <input type="checkbox"/> Non-English specification   | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 147   | 2,520        | 147 <input type="checkbox"/> For Filing a Request for Reexamination                                    | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 169   | 300          | 198 <input type="checkbox"/> Publication (early or Republication)                                      | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 115   | 110          | 215 <input type="checkbox"/> Extension for reply within first month                                    | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 116   | 400          | 216 <input type="checkbox"/> Extension for reply within 2 <sup>nd</sup> month                          | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 117   | 920          | 217 <input type="checkbox"/> Extension for reply within 3 <sup>rd</sup> month                          | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 118   | 1,440        | 218 <input type="checkbox"/> Extension for reply within 4 <sup>th</sup> month                          | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 128   | 1,960        | 230 <input type="checkbox"/> Extension for reply within 5 <sup>th</sup> month                          | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 120   | 320          | 220 <input type="checkbox"/> Filing a brief in support of an appeal                                    | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 121   | 280          | 270 <input type="checkbox"/> Request for oral hearing  | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 146   | 110          | 248 <input type="checkbox"/> Terminal Disclaimer Fee   | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 140   | 110          | 240 <input type="checkbox"/> Petition to revive - unavoidable  | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 141   | 1,280        | 241 <input type="checkbox"/> Petition to revive - unintentional  | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 142   | 1,280        | 242 <input type="checkbox"/> Utility/Reissue issue fee (+ advance copies)                              | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 143   | 460          | 243 <input type="checkbox"/> Design issue fee (+ advance copies)                                       | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 122   | 130          | 122 <input type="checkbox"/> Petitions to the Commissioner   | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 123   | 50           | 123 <input type="checkbox"/> Petitions related to provisional applications                             | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 126   | 180          | 128 <input type="checkbox"/> Submission of IDS   | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 581   | 40           | 61 <input type="checkbox"/> Recording each patent assignment per property (times number of properties) | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 179   | 740          | 279 <input type="checkbox"/> Request for Continued Examination (RCE)                                   | \$                |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| <b>Other fee (specify)</b>  |              |  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| <b>Subtotal (3)</b> \$ 0  |              |  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| <b>Total Amount of Payment:</b> \$ 372  |              |  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Current Claims</th> <th style="text-align: left;">Prior</th> <th style="text-align: left;">Extra</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Total</th> <th>36</th> <th>- 20</th> <th>= 16</th> <th>x \$ 18 = \$ 288</th> </tr> </thead> <tbody> <tr> <td>Ind.</td> <td>4</td> <td>- 3</td> <td>= 1</td> <td>x \$ 84 = \$ 84</td> </tr> <tr> <td colspan="2">Multiple Dependent Claims</td> <td></td> <td>x \$</td> <td>= \$</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td style="text-align: right;"><b>Subtotal (2)</b> \$ 372</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>203</td> <td>8 <input type="checkbox"/> Claims in excess of 20</td> </tr> <tr> <td>64</td> <td>202</td> <td>42 <input type="checkbox"/> Independent claims in excess of 3</td> </tr> <tr> <td>280</td> <td>204</td> <td>140 <input type="checkbox"/> Multiple dependent Claim</td> </tr> <tr> <td>60</td> <td>209</td> <td>40 <input type="checkbox"/> Reissue independent claims over original patent</td> </tr> <tr> <td>18</td> <td>210</td> <td>8 <input type="checkbox"/> Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |              | Current Claims   | Prior             | Extra                      | Fee      | Fee Paid | Total           | 36  | - 20 | = 16  | x \$ 18 = \$ 288 | Ind. | 4  | - 3 | = 1 | x \$ 84 = \$ 84                                 | Multiple Dependent Claims |     |  | x \$ | = \$ |                          |   |  |  | <b>Subtotal (2)</b> \$ 372 | Large Entity | Small Entity |  | Fee Code | Fee Code | Fee Description | 18       | 203 | 8 <input type="checkbox"/> Claims in excess of 20 | 64   | 202 | 42 <input type="checkbox"/> Independent claims in excess of 3 | 280 | 204   | 140 <input type="checkbox"/> Multiple dependent Claim | 60  | 209 | 40 <input type="checkbox"/> Reissue independent claims over original patent | 18 | 210 | 8 <input type="checkbox"/> Reissue claims in excess of 20 and over original patent |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Current Claims  | Prior        | Extra  | Fee               | Fee Paid                   |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Total   | 36           | - 20   | = 16              | x \$ 18 = \$ 288           |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Ind.  | 4            | - 3  | = 1               | x \$ 84 = \$ 84            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Multiple Dependent Claims   |              |  | x \$              | = \$                       |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
|   |              |  |                   | <b>Subtotal (2)</b> \$ 372 |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Large Entity  | Small Entity |  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| Fee Code  | Fee Code     | Fee Description  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 18  | 203          | 8 <input type="checkbox"/> Claims in excess of 20  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 64  | 202          | 42 <input type="checkbox"/> Independent claims in excess of 3  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 280   | 204          | 140 <input type="checkbox"/> Multiple dependent Claim  |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 60  | 209          | 40 <input type="checkbox"/> Reissue independent claims over original patent                            |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |
| 18  | 210          | 8 <input type="checkbox"/> Reissue claims in excess of 20 and over original patent                     |                   |                            |          |          |                 |     |      |   |                  |      |  |     |     |   |                           |     |  |      |      |                          |   |  |  |                            |              |              |  |          |          |                 |          |     |   |  |     |   |     |   |   |     |     |   |    |     |  |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |   |    |     |     |   |    |     |     |  |    |     |     |   |    |     |       |   |    |     |       |   |    |     |     |  |    |     |     |  |    |     |    |  |    |     |     |  |    |     |    |  |    |     |     |  |    |                            |  |  |  |                          |  |  |  |  |  |  |  |

Submitted by:

|  |                  |                           |
|--|------------------|---------------------------|
| Name: Mark W. Roberts, Ph.D.   | Reg. No.: 46,160 | Telephone: (206) 903-8728 |
| Signature:  |                  | Date: 2-11-02             |

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|   |              | <i>Complete if Known</i>  |          |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
|---|--------------|---|----------|--|----------|----------------|--------------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|--------|-----|-----|---------|---|----------------------------|-----|-----|-----|-----------|---|----|-----|-----|---------------------|-----|---|----|-----|-------|-----|-------|---|----|-----|-----|-----|-----|---|----|-----|-----|-----|----|--|----|-----|-----|-----|-----|--|----|-----|-----|-----|-----|--|----|-----|-------|-----|-----|--|----|-----|-------|-----|-----|--|----|-----|-----|-----|-----|--|----|-----|-----|-----|-----|--------------------------|----|-----|-----|-----|----|-------------------------|----|-----|-----|-----|----|----------------------------------|----|-----|-------|-----|-----|------------------------------------|----|-----|-------|-----|-----|--|----|-----|-----|-----|-----|-------------------------------------|----|-----|-----|-----|-----|-------------------------------|----|-----|----|-----|----|---|----|-----|-----|-----|-----|-------------------|----|-----|----|----|----|--|----|-----|-----|-----|-----|---|----|--|--|--|--|-------------------|--|---------------------------------|--|--|--|--|--|
|   |              | Application No. 09/616,794<br>Filing Date July 14, 2000<br>First Named Inventor Jason B. Elledge<br>Group Art Unit 3723<br>Examiner Willie Berry, Jr.<br>Atty. Docket Number 500188.02  |          |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| METHOD OF PAYMENT (Check One)   |              | FEE CALCULATION (Continued)   |          |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No.: 50-1266; Deposit Account Name: DORSEY & WHITNEY LLP  |              | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="2"></th> <th rowspan="2" style="vertical-align: bottom;">Fee Description</th> <th rowspan="2" style="vertical-align: bottom;">Fee paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>104</td> <td>130</td> <td>205</td> <td>130</td> <td>65 Surcharge - Late filing fee or oath</td> <td>\$</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>50</td> <td>25 Surcharge - late provisional filing fee or cover sheet</td> <td>\$</td> </tr> <tr> <td>138</td> <td>130</td> <td>139</td> <td>130</td> <td>130 Non-English specification</td> <td>\$</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>127</td> <td>2,520</td> <td>For Filing a Request for Reexamination</td> <td>\$</td> </tr> <tr> <td>193</td> <td>300</td> <td>156</td> <td>300</td> <td>300 Publication (early or Republication)</td> <td>\$</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td>\$</td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>\$</td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>\$</td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within 4<sup>th</sup> month</td> <td>\$</td> </tr> <tr> <td>128</td> <td>1,960</td> <td>280</td> <td>980</td> <td>Extension for reply within 5<sup>th</sup> month</td> <td>\$</td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td>\$</td> </tr> <tr> <td>121</td> <td>280</td> <td>270</td> <td>140</td> <td>Request for oral hearing</td> <td>\$</td> </tr> <tr> <td>146</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td>\$</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>\$</td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td>\$</td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility/Reissue issue fee (+ advance copies)</td> <td>\$</td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee (+ advance copies)</td> <td>\$</td> </tr> <tr> <td>122</td> <td>130</td> <td>222</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>\$</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>\$</td> </tr> <tr> <td>126</td> <td>180</td> <td>226</td> <td>180</td> <td>Submission of IDS</td> <td>\$</td> </tr> <tr> <td>127</td> <td>40</td> <td>81</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>\$</td> </tr> <tr> <td>129</td> <td>740</td> <td>278</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (3) \$ 0</td> <td></td> </tr> <tr> <td colspan="6" style="text-align: right;">Total Amount of Payment: \$ 372</td> </tr> </tbody> </table> |          |  |          | Large Entity   | Small Entity |                 |          | Fee Description | Fee paid | Fee Code | Fee Code | Fee (\$) | Fee (\$) | 104    | 130 | 205 | 130     | 65 Surcharge - Late filing fee or oath      | \$                         | 127 | 50  | 227 | 50        | 25 Surcharge - late provisional filing fee or cover sheet | \$ | 138 | 130 | 139                 | 130 | 130 Non-English specification               | \$ | 147 | 2,520 | 127 | 2,520 | For Filing a Request for Reexamination          | \$ | 193 | 300 | 156 | 300 | 300 Publication (early or Republication)                | \$ | 115 | 110 | 215 | 55 | Extension for reply within first month | \$ | 116 | 400 | 216 | 200 | Extension for reply within 2 <sup>nd</sup> month | \$ | 117 | 920 | 217 | 460 | Extension for reply within 3 <sup>rd</sup> month | \$ | 118 | 1,440 | 218 | 720 | Extension for reply within 4 <sup>th</sup> month | \$ | 128 | 1,960 | 280 | 980 | Extension for reply within 5 <sup>th</sup> month | \$ | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | \$ | 121 | 280 | 270 | 140 | Request for oral hearing | \$ | 146 | 110 | 248 | 55 | Terminal Disclaimer Fee | \$ | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | \$ | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | \$ | 142 | 1,280 | 242 | 640 | Utility/Reissue issue fee (+ advance copies) | \$ | 143 | 460 | 243 | 230 | Design issue fee (+ advance copies) | \$ | 122 | 130 | 222 | 130 | Petitions to the Commissioner | \$ | 123 | 50 | 123 | 50 | Petitions related to provisional applications | \$ | 126 | 180 | 226 | 180 | Submission of IDS | \$ | 127 | 40 | 81 | 40 | Recording each patent assignment per property (times number of properties) | \$ | 129 | 740 | 278 | 370 | Request for Continued Examination (RCE) | \$ |  |  |  |  | Subtotal (3) \$ 0 |  | Total Amount of Payment: \$ 372 |  |  |  |  |  |
| Large Entity  | Small Entity |   |          |  |          |                |              | Fee Description | Fee paid |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Fee Code  | Fee Code     | Fee (\$)  | Fee (\$) |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 104   | 130          | 205   | 130      | 65 Surcharge - Late filing fee or oath                                     | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 127   | 50           | 227   | 50       | 25 Surcharge - late provisional filing fee or cover sheet                  | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 138   | 130          | 139   | 130      | 130 Non-English specification  | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 147   | 2,520        | 127   | 2,520    | For Filing a Request for Reexamination                                     | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 193   | 300          | 156   | 300      | 300 Publication (early or Republication)                                   | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 115   | 110          | 215   | 55       | Extension for reply within first month                                     | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 116   | 400          | 216   | 200      | Extension for reply within 2 <sup>nd</sup> month                           | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 117   | 920          | 217   | 460      | Extension for reply within 3 <sup>rd</sup> month                           | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 118   | 1,440        | 218   | 720      | Extension for reply within 4 <sup>th</sup> month                           | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 128   | 1,960        | 280   | 980      | Extension for reply within 5 <sup>th</sup> month                           | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 120   | 320          | 220   | 160      | Filing a brief in support of an appeal                                     | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 121   | 280          | 270   | 140      | Request for oral hearing   | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 146   | 110          | 248   | 55       | Terminal Disclaimer Fee  | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 140   | 110          | 240   | 55       | Petition to revive - unavoidable   | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 141   | 1,280        | 241   | 640      | Petition to revive - unintentional   | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 142   | 1,280        | 242   | 640      | Utility/Reissue issue fee (+ advance copies)                               | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 143   | 460          | 243   | 230      | Design issue fee (+ advance copies)  | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 122   | 130          | 222   | 130      | Petitions to the Commissioner  | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 123   | 50           | 123   | 50       | Petitions related to provisional applications                              | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 126   | 180          | 226   | 180      | Submission of IDS  | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 127   | 40           | 81  | 40       | Recording each patent assignment per property (times number of properties) | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 129   | 740          | 278   | 370      | Request for Continued Examination (RCE)                                    | \$       |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
|   |              |   |          | Subtotal (3) \$ 0  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Total Amount of Payment: \$ 372   |              |   |          |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 2. <input checked="" type="checkbox"/> Check Enclosed   |              |   |          |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| FEE CALCULATION   |              |   |          |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="2"></th> <th rowspan="2" style="vertical-align: bottom;">Fee Description</th> <th rowspan="2" style="vertical-align: bottom;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td><input type="checkbox"/> Utility Filing Fee</td> <td></td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td><input type="checkbox"/> Design Filing Fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td><input type="checkbox"/> Reissue Filing Fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td><input type="checkbox"/> Provisional Filing Fee</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (1) \$ 0</td> <td></td> </tr> </tbody> </table>   |              |   |          |  |          | Large Entity   | Small Entity |                 |          | Fee Description | Fee Paid | Fee Code | Fee Code | Fee (\$) | Fee (\$) | 101    | 740 | 201 | 370     | <input type="checkbox"/> Utility Filing Fee |                            | 106 | 330 | 206 | 165       | <input type="checkbox"/> Design Filing Fee                |    | 108 | 740 | 208                 | 370 | <input type="checkbox"/> Reissue Filing Fee |    | 114 | 160   | 214 | 80    | <input type="checkbox"/> Provisional Filing Fee |    |     |     |     |     | Subtotal (1) \$ 0                                       |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Large Entity  | Small Entity |   |          | Fee Description  | Fee Paid |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Fee Code  | Fee Code     | Fee (\$)  | Fee (\$) |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 101   | 740          | 201   | 370      | <input type="checkbox"/> Utility Filing Fee                                |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 106   | 330          | 206   | 165      | <input type="checkbox"/> Design Filing Fee                                 |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 108   | 740          | 208   | 370      | <input type="checkbox"/> Reissue Filing Fee                                |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 114   | 160          | 214   | 80       | <input type="checkbox"/> Provisional Filing Fee                            |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
|   |              |   |          | Subtotal (1) \$ 0  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Current Claims</th> <th style="text-align: left;">Prior</th> <th style="text-align: left;">Extra</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total 36</td> <td>- 20</td> <td>= 16</td> <td>x \$ 18</td> <td>= \$ 288</td> </tr> <tr> <td>Ind. 4</td> <td>- 3</td> <td>= 1</td> <td>x \$ 84</td> <td>= \$ 84</td> </tr> <tr> <td colspan="4">IMultiple Dependent Claims</td> <td>x \$ = \$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Subtotal (2) \$ 372</td> <td></td> </tr> </tbody> </table>   |              |   |          |  |          | Current Claims | Prior        | Extra           | Fee      | Fee Paid        | Total 36 | - 20     | = 16     | x \$ 18  | = \$ 288 | Ind. 4 | - 3 | = 1 | x \$ 84 | = \$ 84                                     | IMultiple Dependent Claims |     |     |     | x \$ = \$ |   |    |     |     | Subtotal (2) \$ 372 |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Current Claims  | Prior        | Extra   | Fee      | Fee Paid   |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Total 36  | - 20         | = 16  | x \$ 18  | = \$ 288   |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Ind. 4  | - 3          | = 1   | x \$ 84  | = \$ 84  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| IMultiple Dependent Claims  |              |   |          | x \$ = \$  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
|   |              |   |          | Subtotal (2) \$ 372  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th colspan="2"></th> <th rowspan="2" style="vertical-align: bottom;">Fee Description</th> <th rowspan="2" style="vertical-align: bottom;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim</td> <td></td> </tr> <tr> <td>105</td> <td>80</td> <td>209</td> <td>40</td> <td>Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>106</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;">Other fee (specify)</td> <td></td> </tr> </tbody> </table> |              |   |          |  |          | Large Entity   | Small Entity |                 |          | Fee Description | Fee Paid | Fee Code | Fee Code | Fee (\$) | Fee (\$) | 103    | 18  | 203 | 9       | Claims in excess of 20                      |                            | 102 | 84  | 202 | 42        | Independent claims in excess of 3                         |    | 104 | 280 | 204                 | 140 | Multiple dependent claim                    |    | 105 | 80    | 209 | 40    | Reissue independent claims over original patent |    | 106 | 18  | 210 | 9   | Reissue claims in excess of 20 and over original patent |    |     |     |     |    | Other fee (specify)                    |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Large Entity  | Small Entity |   |          | Fee Description  | Fee Paid |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| Fee Code  | Fee Code     | Fee (\$)  | Fee (\$) |  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 103   | 18           | 203   | 9        | Claims in excess of 20   |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 102   | 84           | 202   | 42       | Independent claims in excess of 3  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 104   | 280          | 204   | 140      | Multiple dependent claim   |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 105   | 80           | 209   | 40       | Reissue independent claims over original patent                            |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
| 106   | 18           | 210   | 9        | Reissue claims in excess of 20 and over original patent                    |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |
|   |              |   |          | Other fee (specify)  |          |                |              |                 |          |                 |          |          |          |          |          |        |     |     |         |   |                            |     |     |     |           |   |    |     |     |                     |     |   |    |     |       |     |       |   |    |     |     |     |     |   |    |     |     |     |    |  |    |     |     |     |     |  |    |     |     |     |     |  |    |     |       |     |     |  |    |     |       |     |     |  |    |     |     |     |     |  |    |     |     |     |     |                          |    |     |     |     |    |                         |    |     |     |     |    |                                  |    |     |       |     |     |                                    |    |     |       |     |     |  |    |     |     |     |     |                                     |    |     |     |     |     |                               |    |     |    |     |    |   |    |     |     |     |     |                   |    |     |    |    |    |  |    |     |     |     |     |   |    |  |  |  |  |                   |  |                                 |  |  |  |  |  |

Submitted by:

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Signature: 

Date: 2-11-02

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